The MEDICAL MISSIONARY

Nepali Mother and Child

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SOME QUAINT MEDICAL PRACTICES FROM THE LAND OF ISLAM

By Rev. Joseph Vernet, *S.J.*

AMONG the nomadic tribes of this land of Islam a very primitive type of therapeutics is in vogue. It is true that they can boast of some clever homeopaths and expert chiropractors, yet all are ignorant of the most elementary laws of hygiene and asepsis. Spider webs, mud plasters, decoctions without number, figure largely in their treatments, without taking any account of the thousand-and-one superstitious remedies of the so-called "healers."

I remember a "fellah" 20 years old who came to me. He had to be carried by his relatives and he was unable to move his foot. Upon removing the bandages, I found the injured limb to be very swollen and of a purplish black color. This color puzzled me and a solution of it was offered by his assistants. He was injured with a pick while working in the fields. Because of his sufferings and the necessity of a speedy cure in order to be able to continue his work, his relatives decided to buy a bottle of ink in a neighboring town which, on being poured over the wounded foot, would be sure to effect a cure. This was done, and the consequences necessitated long treatment by me.

Some Moroccans have no use for the Pasteur Institute. The old simple remedy of hunting down the enraged animal and feeding the raw liver to the person bitten is considered just as efficacious.

It is not surprising that the natives express astonishment when a real cure is effected by us. A child who had lost three fingers in a wood-cutting machine said to me after we had dressed the wounded hand for three weeks, "When will the worms appear? If our own medicine man had treated it, the worms would have appeared long before."

It is difficult to get patients to follow up the treatment. Examinations present many complications. "You should know how I feel, you are a doctor," is an answer often given. Or "I feel bad all over" or "I feel weak in the chest." On examining the latter no trace of disease could be found. Finally the patient admitted that it was his wife who was very ill and that he had come to be examined in her stead.

Early marriages and marriage between closely related persons are common in the Orient, especially among the nomadic tribes, and serve but to multiply disease.

Young children remain breastfed until about 4 or 5 years old. Newly born children are often fed from the common table or with rice chewed by the mother. Babies are fed at all hours without any regard to time or condition, so that gastroenteritis is very common.

For dropsy is prescribed four frogs. These should be well flattened out from being deprived of water so that after having been swallowed, in slaking their thirst, they would help to remove some of the excess fluid.

If the mother dies at the birth of her child it is forbidden to remove the child for fear the mother's spirit will injure the person who succors the child. The child may be abandoned near an ant-hill to be succored by some passer-by. Twins are considered to be very unlucky, and only their death will appease the spirits.

The multitude of lean, dirty, mangy dogs in Mohammedan villages surprises one until one learns that they may not be killed by a good Mussulman nor may he feed them. This explains why one finds them foraging in the refuse heaps. Their neglected condition makes them the hosts of many parasites.

The fatalistic attitude of these people is another obstacle to the introduction of prophylactic measures. *"Kan Maktoub*—it is fate, we can not prevent it," they reply when one tries to teach them the advantage of more hygienic methods and the dangers of indiscriminate water-drinking and the importance of combatting the mosquito. Some, however, have come to recognize the efficiency and value of our methods from their experiences in recent epidemics and no longer remain sitting in crouched position with legs and arms crossed at the hut door, until plague has at one and the same time struck down several generations before driving them forth to seek relief for the survivors.—*En Terre d'Islam, October,* 1930.

WORDS

Words are mighty! Words are living!
Serpents with their venomous sting
Or bright angels hov'ring round us
With heaven's light upon their wings.

Ev'ry word has its own spirit—
True or false, it never dies;
Every word man's lips have uttered
Makes an echo in God's skies.

—*Anon from Irish Nursing News.*

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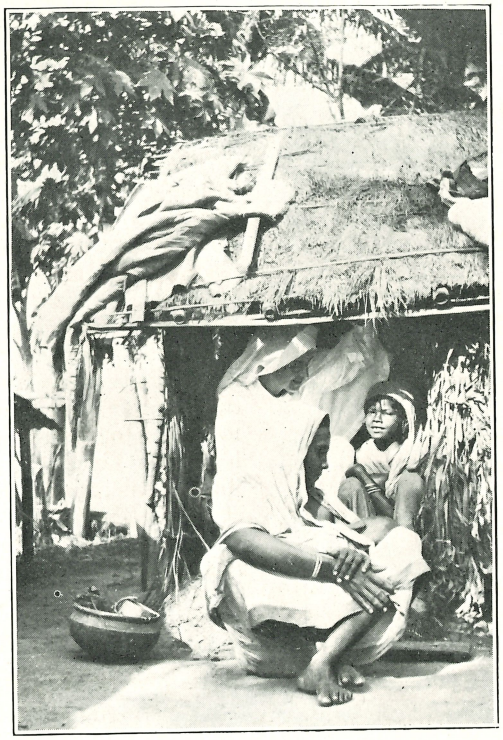
DAILY INCIDENTS IN THE WORK OF A HEALTH VISITOR IN BENGAL

By Sr. M. Helen Herb, *R.N.*

TOUK! Touk! (stop, stop) the women cry to us as they see us coming to the door. Then instinctively drawing their saris about them, they draw back lest they should be defiled by our touch. *No,* we are not lepers; we are far more unclean than the lepers who wander at large about the city. Why? Because we visit the mothers and new born babes during their 30-day period of isolation. A Hindu, who has been so unfortunate as to touch our garments, is obliged to go through a long process of bathing and purification. We have come in contact with a few highly educated Hindus who disregard this custom and allow us to come into their houses. Generally, we are not even permitted to walk up the front path, but are directed to go around to the rear by the way of a narrow gulley which is usually very dirty. The sick room is practically always located in the rear. Sometimes it is a little, narrow, dark hall-way, or a space underneath a back stairway, but more often it is a little section of the back veranda screened off with bamboo mats. Two rows of bricks or stones are laid along the earth to mark off the little path leading to the room and we must be very careful not to step outside this walk.



ALL IN THE DAY'S ROUTINE

A Breach of Etiquette

One morning, during our visits, after I had left a young woman and her newly born baby, a mother living next door came out to meet me. She had a child about four months old in her arms and asked me to give her medicine for the baby, as it was covered with a rash. I asked the mother to loosen the baby's clothing so I might examine it. During this procedure, as suddenly as a flash of lightning, she dropped the baby in the middle of the road and ran into the house. I wondered if the woman had gone insane. The baby lay sprawling in the dust crying lustily. As I stooped down to pick it up, the mother came running back with a bowl of water in her hands which she dashed over the baby. "Ganges water," she explained. Then I remembered this mother had seen me coming from the labor room, and forgetting their customs, I had accidently touched her baby. I apologized for my mistake. She said it was all right as she was fortunate in having Ganges water on hand with which she purified the baby.

Shakari Bazaar

This is one of Dacca's most interesting streets. It is a long, narrow lane lined with work-shops, in which men and young boys are busily engaged in carving bracelets, or *shakas,* as they are called. The bracelets are carved from conch, and all the work is done by hand with the aid of a small saw and file. Each shop is two-storied, with a frontage on the street of about 10 feet. The family live in the rear of the shop, which is narrow, damp and dark. There is no space for an alley between the houses, no back yard; the ground floor is wet, so the inmates must sleep on the second floor. This makes it very difficult to isolate the mother at the time of delivery, as she must be kept upstairs and there is no way of reaching her except by passing through the house. Unless the patient has a fever, or the baby is ill, we are seldom allowed in. If it is nec-

essary for us to pass through a room where food is being cooked, we are invited to wait outside for an hour or two, or come back after the family have had their meal. Sometimes when we assure them that we have bathed and changed our clothing, and that their home is the first to be visited that morning, we are allowed to come in, look at the patient, but not touch her. We are permitted to drop a thermometer into her hand, and after the mother has taken her temperature, she drops the thermometer back into our hands. We are not permitted to touch an article that is in the mother's hands or pick up anything in her room except an article that is thrown or dropped. In one of these homes we had a very sick patient who needed treatment. Her mother-in-law was a very sensible woman and allowed us to go in and do whatever was necessary, but the moment we stepped outside the patient's room, she stood waiting with a bowl of Ganges water which she sprinkled very generously over us. This ablution of germ-laden Ganges water purified us so we could pass through the house and not defile it.

ENCOURAGING RESULTS OF THE WORK OF THE CHILD WELFARE CENTRE AT DACCA

Into the Goat Shed

A goat shed is not exactly what one would call a model sick room and from experience we found it to be more novel than convenient. When the native nurse took me to see this particular patient she pointed to a little hole in the mud wall barely a foot wide and two feet high and said, "Sister, we must go through this hole." "What," I exclaimed in surprise, "crawl through this hole? Is there no door?" "Yes," she replied, "there is a door but it leads into the house and last night after finishing my work I was obliged to go out this way as the family would not permit me to go through the house." I called for the husband and told him he must let us go in by way of the house or we would not see the patient. He consulted the women and they decided that we could not be permitted to go through the house and that it did not matter whether we saw the patient or not.

Our arguments were all in vain, as the women did not mind in the least whether we attended the mother or not. They said she had always had her babies in this room and the Bengali *dhai* who had taken care of her before would come again if necessary. Nothing to do but either crawl through the hole, or leave the mother to her fate. So for the sake of the mother and baby, we got down on all fours and as neither of us is burdened with excess avoirdupois, we managed to get inside. If your sympathies are with the mother and baby, and it is right that they should be, let me tell you that this mother was not unhappy. She was quite contented with her lot, as all these poor women are, because they have never known anything better. It is only through education of the women that any improvement can be hoped for.

Purifying the Mud Pavement

We called to see another of our patients and came by way of the front walk, as there was no

PART OF CLASS OF "DAIS" OR NATIVE MID-WIVES AT THE DACCA HEALTH CENTRE, IN CHARGE OF THE MEDICAL MISSIONARIES

other entrance, the house being located in a congested section. After leaving her room, the mother-in-law directed us to go by way of a path leading from the rear, as she did not wish us to contaminate the front walk. The back path proved to be a very long circuitous one and we walked several blocks before coming back to the main road where we had left the *gari*. On the following day we refused to go by the back lane. The mother-in-law was very much distressed and told us not to come again, but as the baby had a severe eye infection, I explained to the husband, that it was necessary to come daily for some time, and that we could not waste fifteen minutes every morning walking several blocks to reach our *gari*. The husband gave us permission to use the front entrance and come as long as necessary. Every morning, the mother-in-law anxiously enquired if this visit were the last, and as we walked out she followed us, sprinkling water on the mud pavement. I asked a member of the family if this process purified the walk. "No," she replied, "it is only partially clean; after you leave the entire walk must be smeared with cow dung before it can be used by the family." As the walk was about fifty yards in length, I realized why the poor woman was so distressed by our daily visits.

The Gari Man

The *gari* is a native carriage, a box-like affair, set on four wheels, usually springless and drawn by two small ponies. Phalu, our *gari* driver, is a very important person at the health center, as our patients are scattered all over the city, and it is necessary to ride about in a *gari* when seeing them. All the drivers are Mohammedans. A short time ago, when I sent for our *gari* man, as we were about to begin our daily rounds, he informed me that the *gari* would not run that day as there was a *hartal* (strike) in honor of the death of a noted Mohammedan of the city. I protested that we had several very sick patients not within walking distance who had to be seen. Moreover, we had just received a call to go to a delivery case. Phalu is very obliging and said he would work until ten if he could obtain permission. He called the head man of the village to consult with him and soon there were about twenty men in front of the center discussing whether or not we were to see our cases that day. A policeman, standing near by, said it was always permissible for doctors and nurses to go out on sick calls during a strike, but this advice was disregarded. After discussing the matter for several minutes, a little, wizened and old, head man came up to me and said that they had decided it did not matter if the patients were not seen for one day for they could be seen on the following day. "But what about the patient in labor?" I enquired, "you must permit us to go to her." "Allah will take care of her," he replied. After much persuasion, he decided to allow the *gari* man to take us to the case. He accompanied us, sitting up on the seat with the driver while two other Mohammedans stood, one on each side of the carriage, for our protection in case the other Mohammedans started a riot as a protest to our going out on a *hartal* day. Thus we were escorted to our case, which we fortunately reached in time.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

The Society of Catholic Medical Missionaries is a religious community which was founded in September, 1925, with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore.

The purpose of the Society is to work for the spread of our Holy Faith and to help the sick in foreign mission countries through the establishment of hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and traveling dispensaries, and visiting the sick in their homes. Those who are desirous of devoting their lives to God in the service of the sick in the missions find ample scope for their generosity.

Three kinds of candidates are admitted: Those who are already professionally equipped as doctors, pharmacists, nurses, etc.

Young women who desire to take up medicine, pharmacy or nursing with the intention of devoting their professions to the care of the sick in the missions.

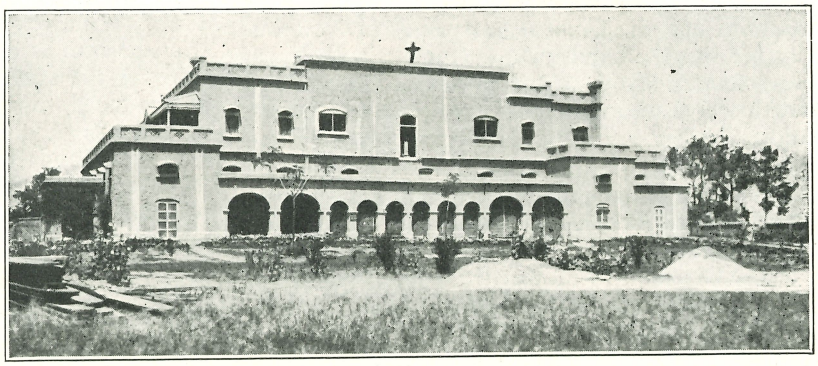
Those who have no medical training or do not wish to take it up, but who are desirous of helping with the non-medical activities necessarily associated with the work, such as secretarial work, housekeeping, etc. There is scope for every talent.

Address all enquiries to Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C.

Addresses of Our Missionaries:

In the Punjab: The Holy Family Hospital, Murree Road, Rawalpindi, Punjab, India.

In Bengal: St. Michael's House, Segoon Baghan, Ramna Station, Dacca, Bengal, India.



HOLY FAMILY HOSPITAL, RAWALPINDI, INDIA

THE SOCIETY AT HOME AND ABROAD

WASHINGTON

The summer season has brought the usual days of relaxation to the members at the Medical Mission House, when classes are suspended and the simple pleasures of the countryside are enjoyed by all. This year we were fortunate in being able to spend a few weeks at Annapolis where boating, swimming and other seaside pursuits were added to our holiday programme.

By the time our readers receive this issue the Medical Missionaries will be making their annual retreat under the direction of Rev. Christopher Brooks, C.S.C. During these days they will pray especially for all their friends and benefactors.

HOLIDAY MAKING AT ANNAPOLIS

On September 30, the Society will complete its sixth year of existence. A sincere *Deo gratias* springs from our hearts on looking back over these years and reviewing the many graces and blessings which God has bestowed on us. Trusting in Him, we hope that during the coming six years we shall be able to fulfill some of the many demands for Medical Missionaries, which come to us from all over the foreign mission field.

RAWALPINDI

Dr. Lyons writes:

"Once in an article I mentioned that some of the indigenous practitioners of medicine used a broth made by boiling vultures to treat tuberculosis. This article appeared both in *Catholic Missions* and the *Bombay Examiner* and eventually fell into the hands of a doctor in South India. He solemnly wrote to me to ask the recipe and whether I had any other treatment for tuberculosis."

The following was received by our chaplain. From it you will see how much they expect from their departed relatives.

"Dear Sir:

"We beg to inform you that we have opened our business branch also here and that we have made ararngements to supply coffins if anyone dies in the civil population to avoid troubles of all sorts.

"We were told by the chaplain that there is no firm here who could supply coffins and that we shall be valuable in that direction.

"So please note this and if any person dies, please refer them to us. We shall meet all their demands in coffins and monuments.

"Thanking you in anticipation,

"B. N. & Sons."

MURREE

The Mill Hill Fathers have put a little cottage, situated in the Murree Hills, at the disposal of our missionaries for the summer months. They go there in turns. Sr. M. Francis, writing from Murree, says:

"We have the nicest little house imaginable. It is among the pines on the crest of a hill overlooking a deep valley. It could not be a lovelier location. To crown it all we have the Blessed Sacrament in our tiny chapel.

"Our refectory has enough of elbow room for four people and one can just turn around in the kitchen.

"We are planning a garden but excursions into the hills have interfered with our horticultural aspirations."

DARJEELING

Sr. M. Helen from Darjeeling, where she is spending her annual holiday, writes:

"The natives here resemble the Chinese with their sallow complexion and almond-shaped eyes. I wonder how the men pass their time since the women seem to do all the work. Women coolies were at the station. On the highways we met bright-faced, smiling young women carrying enormous loads of stones on their backs. These loads were held in place by a strap fastened round their foreheads, so that the women went about almost bent in two under the weight. Others were building roads, breaking rocks and pulling a heavy stone roller. It made one's heart ache to see them toiling, but in spite of their hard lot they seemed happy and sang while they worked."

"No social reform is of the slightest value unless it helps, at least indirectly, the salvation of souls."

ITEMS OF INTEREST

THE MEDICAL MISSION YEARBOOK

The Würzburg Medical Mission Yearbook for 1930 is, as usual, most interesting and is a splendid source of information. The subjects treated include the following:

A Glimpse into the Medical Mission Field of Africa.
Negroes affected with Keloids.
Report of the Medical Mission Institute.
In an Atmosphere of Banditry in China.
Activities of Medical Mission Circles.
Medical Missions in the Dutch East Indies.
The Medical Mission Movement in Europe and America.
Report of Medical Mission Action in Tsinanfu.
The Medical Mission Apostolate throughout the World.
Opium.
Pictures of Disease from Brazil.
Medical Mission Practices during the 16th and 17th Centuries.

With the kind permission of Rt. Rev. Msgr. Becker, the Director of the Institute and the Editor of the Yearbook, we shall give our readers résumés of some of these interesting articles during the coming months.

INTERNATIONAL CONFERENCE ON AFRICAN CHILDREN

The International Conference on African children, organized by the Save the Children International Union, has just been brought to a close, and may be considered a success, both from the point of view of the number and eminence of the participants and of the spirit which directed the discussions and the important results arrived at. British representation was particularly in evidence: the British Government sent mine experts, all of whom took part in the discussions. The Belgian and Italian Governments were also represented. Missionaries of the two principal confessions were conspicuous by their numbers. In addition, several Negroes from Africa and America were present and took an active part in the discussions and the work of the different commissions.

Following on the proposal put forward by Senator Gabbi (Italy), seconded by the Rev. A. G. Fraser, Principal of Achimota College (Gold Coast), and the Rev. Father Kassiepe, of the Conference of Superiors (Berlin), the Conference decided that a permanent center of information regarding African children should be constituted in Geneva, and that this task should be entrusted to the Save the Children International Union. The new center will continue the work begun by the Conference, and will summon, when necessary, further general or regional conferences.

The Conference passed no resolutions—only conclusions drawn up by the commission of experts. These conclusions concern the campaign against infantile mortality, education and native child labor, and they will be submitted to the colonial powers concerned and to all the colonial administrations in Africa.

Geneva, July 10, 1931.

GREATER FREEDOM FOR WOMEN

HONG KONG.

Important to the Catholic Church in China and singularly interesting in the light of the recent Encyclical of the Holy Father are the proposed Chinese Laws of Family Relations and Succession. These laws, forming the last two books of the new code which is to govern China in all her civil relations, have passed the second reading of the Legislative Yuan at Nanking. The principles embodied in the Laws of Family Relations are mainly the abolition of concubinage and the equality of men and women.

It is a well-known fact that concubinage has been one of the big obstacles to conversion in China, and the widespread practice of taking concubines was often the occasion of Catholic men falling away from the Church. These laws, when completed and approved, will also clarify the position in regard to the impediment of adoption, which at present is not altogether clear, and presents from time to time a certain amount of difficulty for Catholic theologians.

MARRIAGE DIFFICULTIES

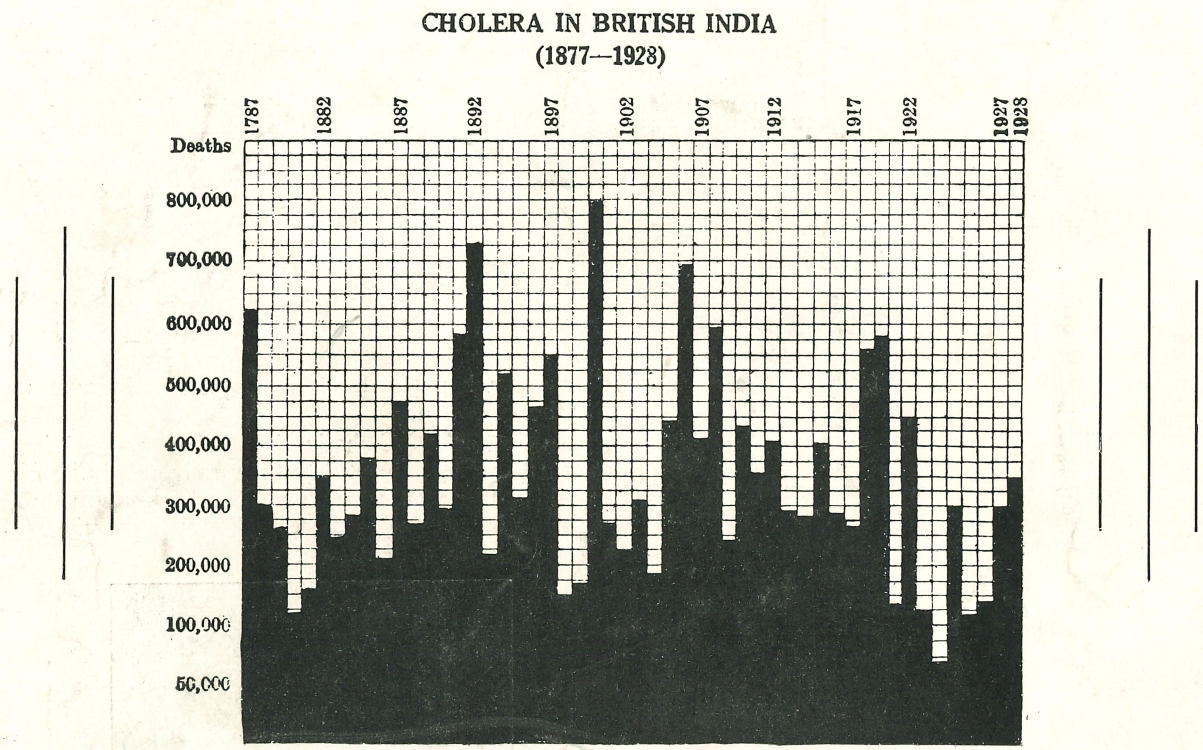
The greater freedom given to women, if made effective, will be an immense help to conversion. At present, it is extremely difficult for a Chinese woman whose husband is pagan to become a Catholic.

In the case of Catholic girls, it is very hard for them to remain faithful to their religious duties if wedded to pagan husbands. For this reason, the Church is extremely severe against such marriages.

TARTAR CHINESE WOMAN OF THE UPPER CLASS

CHOLERA—THE AFTERMATH OF MELAS

OF THE various epidemic diseases that devastate India, cholera, plague, smallpox and kala-azar are among the worst. Perhaps the most striking fact about the incidence of cholera is illustrated by the accompanying diagram. Every twelve years large religious fairs or *Kumbh Melas* are held at the great pilgrim centers, Allahabad and Hardwar, and the smaller *Melas* take place six years after each *Kumbh Mela.* Figures collected over a large number of years unquestionably demonstrate a connection between these unusual congregations of people and the incidence of cholera in India generally. Naturally, therefore, the occurrence of a large *Mela* at Allahabad in January, 1930, caused no small anxiety to the public health authorities. The Government of India considered various suggestions to prevent an outbreak of cholera as the result of this *Kumbh Mela* in 1930. Compulsory anti-cholera inoculation of the pilgrims was considered inexpedient and impracticable under existing circumstances. All the provincial governments fully recognized the desirability of popularizing mass inoculation on a voluntary basis, on an extensive scale, and the public health authorities of the provinces mainly concerned worked, in close cooperation with each other and with the managements of the railways, to induce pilgrims to submit to inoculation before proceeding to the *Mela.* In addition, the sanitary arrangements at the fair were organized with special care under the immediate control of an assistant director of public health in the United Provinces, piped and chlorinated water was supplied from taps throughout the camp area, infectious disease hospitals were organized and daily inspections were made of the whole camp. But despite the precautions taken, the response to the propaganda in favor of inoculation was not satisfactory. At the end of January, cholera broke out in the *Mela* area. There was consequently real and imminent danger that the disease would be disseminated throughout India, owing to the scattering of the pilgrims. Fortunately, none of the surrounding provinces showed any large increase of cholera during the first three months of 1930, but in April epidemic conditions prevailed. The Ganges districts were particularly affected. The neighboring provinces also showed an increase in the number of cases during the same month as compared with the previous year. When the full statistics are available, it will probably be found that the incidence of cholera in 1930, as in other years in which large *Melas* were held, was considerably increased.—*India in 1929-1930.*



THESE LINES INDICATE THE YEARS IN WHICH "MELAS" WERE HELD

"The Catholic, whose heart no longer beats with zeal for Christ's missions, has become indifferent to the cause of Christ. The Catholic country that is not able to present Christ with missionary vocations and mission alms is refusing to pay just tribute to its God and King; it has become struck with religious barrenness. Mission work is our conviction that our Catholic principles have an inestimable value. It is our trust in the final victory of Peter's rock, and our estimation of the value of the human soul is indicated by the measure of our sacrifices for the missions."—*Streit in Catholic Missions in Figures and Symbols.*